· · · / ~ / ~	Paper No.:
DATE: $7-29-0$	2
TO SPE OF : ART UNIT	099/6000 68603/5
SUBJECT : Request for Certificate of Corre	ection on Patent No.:
A response is requested with respect to the	accompanying request for a certificate of correction.
Please complete this form and return with	th file, within 7 days to:
·	rection Branch – South Tower – 9A22
lf response is for an IFW, return to em r MADRAS.	ployee (named below) via PUBSCofC Team in
With respect to the change(s) requested, correcting Office and/or Applicant's errors, should the patent read as shown in the certificate of correction (COCIN)? No new matter should be introduced, no should the scope or meaning of the claims be changed.	
,	Valerie Jackson
Thank You For Your Assistance	Certificates of Correction Branch
	Tel. No. 703- 308-9390 ext. 114
	·
•	entified correction(s) is hereby: All changes apply
Note your decision on the appropriate box.	
Note your decision on the appropriate box. Approved	All changes apply.
Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.
Approved Approved in Part Denied Comments:	All changes apply. Specify below which changes do not apply.
Approved Approved in Part Denied Comments:	All changes apply. Specify below which changes do not apply.
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☐ Approved in Part ☐ Denied Comments:	All changes apply. Specify below which changes do not apply.
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